

## IDAHO STATE HEALTH INNOVATION PLAN HOW DID WE GET HERE?

- Idaho has been engaged in efforts to redesign our healthcare system for a number of years:
  - 2008 – Governor Otter convened a Healthcare Summit.
  - 2008 – Governor Otter tasked Select Committee on Health Care.
  - 2008 – Idaho Health Data Exchange established.
  - 2010 – Governor Otter established the Health Care Council.
  - 2010 – Idaho Multi-Payer Medical Home Collaborative established.
  - 2012 – Public/private team traveled to North Carolina to study the NC community care model.



## WHERE ARE WE TODAY?

- March 2013 CMMI awarded six month planning grant to Idaho to develop a State Health Innovation Plan (SHIP).
- CMMI project goal to promote “multi-payer healthcare delivery and payment models with broad stakeholder engagement to achieve delivery system transformation.”



## WHERE ARE WE TODAY?

- Idaho SHIP goal – design a model that evolves Idaho's healthcare delivery system from a fee-for-service, volume-based system to a value-based model of care based on improved health outcomes.
- SHIP planning grant managed by DHW.
- DHW contracted with Mercer Consulting to provide process facilitation.



## WHERE ARE WE TODAY?

- SHIP planning process – numerous Idaho healthcare stakeholders.
- 60 focus group and town hall meetings held.
- SHIP Steering Committee received recommendations from four workgroups:
  - Network Design
  - Quality Measures
  - HIT/Data
  - Payment Reform



## WHERE ARE WE GOING?

- SHIP steering committee considering recommendations and finalizing plan design.
- Plan due to CMMI November 2013.
- Plan will be basis of design for model testing proposal/grant application to be submitted to CMI in 2014.
- This model testing funding opportunity could result in significant federal funding to assist Idaho in implementing SHIP.





## IDAHO SHIP MODEL ELEMENTS

- Strong Primary Care System.
- Patient Centered Medical Homes (PCMH) – Foundational.
- Medical Neighborhood.
- Statewide Health Quality Alliance (HQA).
- Regional Cooperatives (RC) support local primary care providers and medical neighborhood.



## IDAHO SHIP MODEL ELEMENTS

- Health information is linked electronically by EHR and HIT.
- Data Analytics.
- Payment Systems are Aligned Across Major Payers.
- Patient Engagement/Accountability.



## MODEL DESIGN

### STATE HEALTH QUALITY ALLIANCE AND REGIONAL COLLABORATIVE

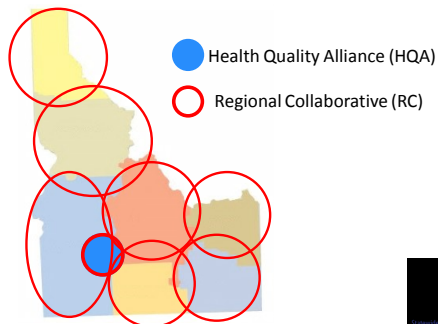
- State Health Quality Alliance (HQA)—501c3.
- Governing board includes providers, payers, and consumers.
- HQA supports and oversees coordinated system including:
  - Coordinates activities of the regional collaborative.
  - Convenes policy level discussions regarding system improvements.
  - Assures consistency and accountability for statewide measures.
  - Collects and distributes quality and population health measures.



## MODEL DESIGN

### STATE HEALTH QUALITY ALLIANCE AND REGIONAL COLLABORATIVE

- Regional Collaborative (RC) is part of HQA 501c3, with RC representation on HQA board.
- RC performs advisory and administrative role creating support for PCMH and integration of 'medical neighborhood'.
  - Supports primary care practices in adoption of PCMH model with training, technical assistance, coaching.
  - Assists in integrating PCMH with other local health and community services.
  - Provides regional and practice-level data gathering and analysis support using protocols created at Alliance.



## MODEL DESIGN QUALITY IMPROVEMENT

- Core quality measures identified for all PCMHs.
- All participating PCMHs will report on quality measures for all patients in their practice.
- In Year 1 three selected quality measures will be tracked statewide to establish a baseline.
  - Tobacco use.
  - Comprehensive diabetes care.
  - Weight assessment for kids.





## MODEL DESIGN - QUALITY IMPROVEMENT PERFORMANCE MEASURE CATALOG

- Tobacco use assessment and intervention.
- Weight assessment and counseling for children and adolescents.
- Comprehensive Diabetes Care.
- Screening for clinical depression.
- Adherence to antipsychotics for schizophrenia.
- Non-malignant opioid use.
- Acute care hospitalization.
- Readmission rates within 30 days.
- Emergency care without hospitalization.
- Elective delivery.
- Low birth weight rate.
- Asthma emergency department visits.
- Childhood immunization status.
- Adult body mass index assessment.



## MODEL DESIGN

DATA SHARING, INTERCONNECTIVITY, ANALYTICS AND REPORTING

- HIT is critical.
- IHDE an important element.
- Expanded capabilities such as data marts, clinical analysis, and incorporation of claims data should be further explored to develop most appropriate configuration to support PCMH data and reporting requirements, including use of interfacing technologies to leverage existing HIT systems.



## MODEL DESIGN MULTI-PAYER PAYMENT MODEL

- Payment model recognizes the value of the PCMH model.
- Payment escalates with increasing patient complexity and practice capabilities.
- Phased redesign strategy over five years:
  - Phase 1—establish per member/per month layered on current fee for service payment.
  - Phase 2—develop bonus payment based on use of evidence based practices and reporting adherence.
  - Phase 3—develop shared savings and/or value based payments for practices meeting cost/quality targets.
  - Phase 4-5—begin to expand complex payment models to include more complex patients.



## NEXT STEPS IN PROCESS

- Draft SHIP received by state from Mercer September 2013.
- October 28, 2013 SHIP steering committee reviews final SHIP model
- State submits SHIP November 30, 2013.
- Anticipated release of CMMI application for Model Testing Proposal (MTP) in January 2014.
- State and SHIP stakeholders committed to continuing healthcare system transformation regardless of receiving further CMMI funding.



## QUESTIONS

